To: Chair Pendergrass, Vice-Chair Pena-Melnyck, and HGO members
From: Dan Morhaim, M.D.

HB1127: Favorable with amendments

HB1127 has several elements. Section 19-145 has the State Designated Exchange (e.g. CRISP) authorized to collect all manner of health data. Subsection E (page 2, starting on line 23 and continuing to the end of the bill) relates to the collection and sharing of prescription drug information. My comments will only be about this portion of the bill which I support with recommendations/amendments.

Subsection E has the same important and valued goals as the first reader of HB115 (2018), which I sponsored when I was a member of the House of Delegates, and HB1486 (2020) sponsored by Delegate Steve Johnson. As amended, HB115 (2018) created a work group under the auspices of MHCC to study the topic of collecting and distributing prescription drug information. I was a member of that work group and became more knowledgeable with many aspects of this issue.

As a clinician, I want to know, when necessary, what medicines my patient is taking. I can share numerous clinical examples of why this is critically important, especially in an ER, and you can easily imagine, especially in today's world, why that is vital information. Clinicians must have the confidence that this information is timely, accurate, complete, and it should be readily accessible.

This means that there must be standards for how this information is collected. In other words: what is the source of the information sent from dispensers going to CRISP before it is shared with clinicians? Is it timely, accurate, and complete? These are critical and essential standards.

Fortunately, there are standards that exist already in Federal law as applied to the PDMP. These are in the following, known as the SUPPORT Act and MISSION Act:
•Public Law 115–271 ''Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act'' or the ''SUPPORT for Patients and Communities Act''
•Public Law 115–182 "VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018'' or the ''VA MISSION Act of 2018''.

Among other things, this legislation spells out standards for 3 critical areas:
1) Timely: The information must be available in as "near real-time as possible." Too often, however, dispensers enter the data "within 24 hours" or "within one business day." When that happens, the data is not timely, as "one business day" can lead to several days if a medication is dispensed on a Friday evening before a 3-day weekend. These gaps are occurring in Maryland and in other states, both adjacent and remote. From the Department of Justice:
(https://www.pdmpassist.org/pdf/PDMP%20Policies%20and%20Capabilities%202020%20Assessment%20Results_20210111.pdf)

"There are 49 PDMPs that require reporting of prescription information daily or more frequently and 5 that require reporting less frequently. It is important to note that the reporting time frames represent the required maximum time limit to report to the PDMP. Most dispensers report nightly in batch files, even though state law may allow more time."
As you will see below, there are systems that can supply this information seamlessly within seconds 24/7/365.
2) Accurate: Among other things, this means that a robust name discrimination system must be in place and operative to be sure that the information supplied to clinicians actually applies to the patients before them. Many names are similar, with variations, and confusion can arise. For example, consider the name of the sponsors of HB115 and HB1486. My legal first name is "Dan" and not "Daniel" or "Danny", and my last name "Morhaim" has been misspelled such as "Morheim" and "Morhaime". When errors like this happen, information is not properly recorded. Likewise, there are many people named "Steve Johnson" with variations such as "Stephen Johnson", "Steven Johnson", etc. Errors in these areas can be dangerous, and I have spent clinical time working to confirm that the patient before me and the data on the screen are a 100% match. Anything less is not acceptable.
3) Complete: Despite COVID, we are a mobile society. Data cannot be just regional based on state boundaries. It must be national in scope. A person could get a prescription (whether for a scheduled medicine or not) in California (where the PDMP standard is "one day") and then fly to Maryland and get another upon arrival.

All 3 of these standards must be adhered to consistently for the system to work.

Unfortunately, Maryland's PDMP is not in compliance with these federal standards. Our system has operational holes. Candidly in the real world, this means that a person seeking to fill a prescription for a scheduled drug can end-run the system using gaps in any one of the three standards above. This has significant implications in the current substance abuse crisis.

Just as importantly, the implications are there for all the other non-PDMP medications, which are 99% of all prescriptions. There are many new medicines on the market, and medication reactions, adverse interactions, and dosing issues are common. Patients often can't name all their medications, especially in a medical crisis. Medication issues are responsible for 5%-10% of all hospital admissions and could be reduced if the system worked properly.

In addition, the collection and distribution of this information should be in the workflow of the dispenser and the clinician. It should not require moving between different computer screens or programs. The system should be friendly to those who are required to use it.

Having timely, accurate, and complete information is essential. With the digital/AI age, it is possible, and moreover it is being done right now in fractions of a second 24/7/365 on a national basis – as I learned in MHCC workgroup – for insurance compliance and payment purposes but not for clinical purposes. <u>In other words, there are systems</u>

operating today that can meet the federal standards and could (and should) be applied to HB1127.

With the above in mind, these standards should be in the law and not subject to regulation. Therefore, I suggest that the following language be added as amendment in the appropriate place to this effect: *"The information supplied to and by the state designated exchange must be timely, accurate, and complete, consistent with the federal law Support Act and Mission Act."*

Let's not fall short here, as unfortunately happened with the PDMP. HB1127 provides the opportunity to do this right from the start.

This written testimony is from me alone, and I am not representing any organization or entity of any type.

Thank you. Please feel free to contact me with any questions.

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